

New Billers (Professional) - Medicaid

MDCH, Medical
Services Administration
Provider Outreach &
Education

Disclaimer

The following presentation is accurate as of the posting date in accordance with Medicaid policy and correct claim completion rules. To obtain updates and more detailed policy information please review the Michigan Medicaid Provider Manual and Policy bulletins.

Primary Goals

- How do I get access to CHAMPS?
- How do I enroll and manage my NPI?
- How do I know if a patient is eligible for Medicaid or other state medical assistance?
- How do I know if Medicaid will cover my service?
- How do I obtain prior authorization?
- Can I still provide a service to a Medicaid beneficiary if it is not covered by MDCH?
- How do I submit a claim to MDCH?
- How do I know if Medicaid paid my claim?
- How do I correct an error on a paid claim?

Agenda

- Before You Bill Medicaid: Eligibility, Prior Authorization, & General Billing Tips
- National Provider Identification: Type 1 vs. Type 2
- Professional Claim Submission and Billing Secondary Insurance
- After You Bill Medicaid: Remittance Advice and Claim Inquiry
- Top Physician Group Billing Denials
- Managing Professional Claims: Adjustments and Voids
- CHAMPS Updates and Review
- MDCH Contact Information and Provider Resources

Getting Access and Managing Enrollment

How do I get access to CHAMPS?

- Register for a SSO User ID
- Subscribe to CHAMPS
- Domain Administrator assigns Profile(s)
- Important Note: Don't use windows X button to close CHAMPS window – If buttons do not work Use F5 to refresh
- Make sure browser allows pop-ups from SSO/CHAMPS



New Billing or Rendering Providers

- Enrollment application must be completed and submitted online within CHAMPS
- User can status application using CHAMPS
- Once a new enrollment is reviewed and approved, “Welcome Letter” is generated and mailed
- If new enrollment is a billing NPI, users must enroll/update the rendering providers’ enrollments to associate the billing NPI
- After approval, domain administrator can assign access to other users

Existing/Enrolled Providers

- Must have Provider Enrollment or CHAMPS Full Access profiles to update enrollment info
- Use hyperlink in Provider Portal or Provider Tab to “Manage Enrollment”
- Keep addresses, contact information, specialties, licenses/certifications, ownership information, etc. up to date
- Report Office Manager name and SSN
- All changes must be reviewed by MDCH staff prior to approval
- Check status of changes using “Manage Enrollment”

Before You Bill Medicaid

Eligibility Verification



How do I know if a patient is eligible for Medicaid or other state medical assistance?

- Review eligibility information in the Medicaid Provider Manual
- Ask the beneficiary for all of their coverage information including any payers who may be primary to MDCH
- Verify state medical assistance eligibility via CHAMPS (Member tab), an eligibility vendor (270/271), or your billing agent (270/271)
 - Get information about managed care enrollment and providers
 - MDCH also provides information about known or suspected primary payers
 - Possession of a MiHealth Card does not mean that coverage is active



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, Test. You have logged-in with

profile.

main and CHAMPS Full Access

Links: --Select--



Path: [Provider Portal](#) / [Member Eligibility Inquiry](#) / [Member Benefit Level](#)

Member ID:

Name:

Menu

Close

INQUIRY DATE RANGE: 02/17/2010 - 02/17/2010

GENDER: MALE

PROVIDER LOCK-IN: N

CASE NUMBER:

WORKER LOAD NUMBER: 135128

CSHCS RESTRICTIONS: N

MHP PCP: N

DATE OF BIRTH: 07/28/2009

COMMERCIAL / OTHER: Y

DHS PHONE: (313) 963-6002

COUNTY OF RESIDENCE: 82-WAYNE

DHS COUNTY: 82-58-LAFAYETTE

Providers click on this Hyperlink which brings up the 'Summary Page' that they can print the entire response on 1 or 2 pages.



[Member Print Summary](#)

BENEFIT PLANS:

Benefit Plan Id ▲▼	Benefit Plan Type ▲▼	Provider Id ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▼
MA	FEE FOR SERVICE		09/11/2009	09/11/2009	02/17/2010	02/17/2010
MA-MC	MANAGED CARE	4151587	11/23/2009	11/23/2009	02/17/2010	02/17/2010

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

LEVEL OF CARE AUTHORIZATIONS:

LOC ▲▼	Source Provider Id ▲▼	NPI ▲▼	CHAMPS Provider Id ▲▼	Patient Pay ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▼
07 - RECIPIENT ENROLLED IN MEDICAID MANAGED CARE	4151587		4151587	0	11/23/2009	11/23/2009	02/17/2010	02/17/2010

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Close

MEMBER ID:
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CSHCS RESTRICTIONS: N
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LEVEL OF CARE AUTHORIZATIONS:

LOC	Source Provider Id	IPI	CHAMPS Provider Id	Patient Pay	Created Date	Transaction Date	Start Date	End Date
07 - RECIPIENT ENROLLED IN MEDICAID MANAGED CARE	4151587		4151587	0	11/23/2009	11/23/2009	02/17/2010	02/17/2010

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PROVIDER INFO:

IPI	NAME	Provider Address	City	State	Zip	Phone
	HEALTH PLAN OF MICHIGAN	777 WOODWARD AVE STE 600	DETROIT	MI	48226	8884370606

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INSURANCE DETAILS:

INSURANCE NAME	PAYER ID	COVERAGE TYPE	GROUP NUMBER	POLICY NUMBER	POLICY HOLDER ID	DATE LAST UPDATED	BEGIN DATE	END DATE
BCN	28214005	PH				02/08/2010	08/01/2009	12/31/2999
BCN PHARMACY	00029020	RX				02/08/2010	08/01/2009	12/31/2999

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PRIMARY CARE PHYSICIAN LIST:

PCP Provider Id	IPI	PCP Provider Name	PCP Provider Phone Number	Start Date	End Date
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No Records Found !

Lock-In Provider List:

LOC	Lock-In Provider	IPI	CHAMPS Provider ID	Start Date	End Date
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No Records Found !

DIAGNOSIS CODES LIST:

Diagnosis Code	Sequence	Created Date	Transaction Date	Start Date	End Date
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No Records Found !

AUTHORIZED PROVIDERS LIST:

Source Provider Id	IPI	CHAMPS Provider Id	Provider Type	Provider Specialty	Provider Subspecialty	PCCM	Diagnosis Code	Created Date	Transaction Date	Start Date	End Date
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No Records Found !

TPL Medicare Plan Info:

Plan ID	Plan Name	Plan Phone Number
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No Records Found !

CHAMPS Eligibility Resources

Information regarding the CHAMPS Eligibility sub-system can be found at:

www.michigan.gov/medicaidproviders

>> CHAMPS >> Resources >> Additional Resources

- Additional Quick Reference Guide: Eligibility Inquiry
- Frequently Asked Questions: Eligibility
- Benefit Plan Handout
- Other Insurance Coverage Type Codes
- Third Party Liability Carrier/Payer IDs
- Web-based Training: Eligibility

How do I know if Medicaid will cover my service?

- Review the chapter of the Medicaid Provider Manual that best describes your services
- Use the "Provider Specific Information" to view covered codes and their allowable reimbursement rates
- If PA is required, providers may request authorization via the following:
 - Data entry directly through the CHAMPS Prior Authorization sub-system
 - Fax: 517-335-0075
 - Mail: MDCH Prior Authorization Division
PO Box 30170 Lansing, MI 48909
 - Phone: 1-800-622-0276 (emergency only)

- HIPAA
- Health Professional Shortage Areas
- Institutional Review Board
- State Loan Repayment Program
- Lab Services
- Public Health Preparedness
- Communicable & Chronic Diseases
- Departmental Forms
- Community Mental Health Services
- Certificate of Need
- Toxic Substances
- Substance Abuse Providers

Birth, Death, Marriage and Divorce Records

Physical Health & Prevention

Pregnant Women, Children & Families

Mental Health & Substance Abuse

Health Care Coverage

Statistics and Reports

Inside Community Health

Health Systems & Health Profession Licensing

MEDICAID



Medicaid is a federal and state funded health care program that provides comprehensive health care coverage for the medically indigent. This page supplies coverage, billing and reimbursement policies and other important information for enrolled providers. Much of the information provided also applies to other health care programs administered by MDCH (e.g., Adult Benefits Waiver, MOMS, Plan First, Children's Special Health Care Services, etc.)

For questions related to the content of the Medicaid Provider pages, please email MSAPolicy@michigan.gov



- [CHAMPS](#)
- [Biller ID Aware](#)

HOT TOPICS

- [Documentation EZ Link](#)
- [Provider Tips](#)
- [Listserv Subscription Instructions](#)



Medicaid Integrity Program



Get info about [EFTS](#), [Billing Manual](#), [Final pay](#), etc.



In **Billing and Reimbursement**, find information necessary for claim submission,

including billing tips, provider-specific procedure code databases (including fee screens), electronic billing information, Sanctioned Provider list, Beneficiary Co-Payment Requirements, Third Party Liability, etc.



opportunities, etc.

Get and give [Provider](#) newsletters, numbered letters, information on training



Using [Virtual Care Collaboration](#) tool



Medicaid [waivers](#)

Waivers includes information related to current and proposed

[Enrollment](#) Under enrollment information, as well as instructions for [Electronic Funds \(EFT\)](#)

[Verification](#) Information and details related to beneficiary

[Billing Bulletin for](#) [Interest](#) by Bulletin issued by [System](#) and [Contract](#)



Providers

- NPALA
- Health Professional Shortage Area
- Institutional Review Board
- State Loan Repayment Program
- Lab Services
- Public Health Preparedness
- Communicable & Chronic Diseases
- Departmental Forms
- Community Mental Health Services
- Certificate of Need
- Toxic Substances
- Substance Abuse Providers

Birth, Death, Marriage and Divorce Records

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BILLING & REIMBURSEMENT

Provider Specific Information
 Related to billing and reimbursement for services to Medicaid, CSHCS, ABW, and MOMS beneficiaries.



Electronic Billing
 This link will provide information and documents for your electronic billing. You can also view the B2B instruction, Trading Partner information, and related links.



Third Party Liability
 Coordination of benefits, carrier manual, and related links.



Medicaid Participation
 Medicaid participation information and related links.



Documentation EZ Link
 Documentation EZ Link is a program being launched by MDCH to enable providers to submit claim attachments through an electronic system.



DCH - File Transfer
 Related reimbursement links for Medicaid providers (CHIP, FGHC, HMO, hospitals, LHD, RHC, THC)



Explanation Codes & Explanation Code Crosswalk
 Provides coding information for MDCH's paper Remittance Advice.



Fraud Abuse and Reporting Requirements
 Click here for descriptions of fraud and abuse, information on reporting contacts, and a link to the New Medicaid Fraud/Above Online Complaint Form.



MAAuthenticare
 A paperless billing initiative for providers of adult foster care.



Co-Payment Requirements
 Table listing for most FFS and ABW beneficiaries



National NPI Registry
 The NPI Registry enables you to search for a provider's NPDES information. You may run simple queries to retrieve this read-only data. There is no charge to use the NPI Registry.



Medicare Crossover
 A process where a provider or billing agent can submit one claim and have that claim be adjudicated by Medicare and Medicaid.



- NPAA
- Health Professional Shortage Areas
- Institutional Review Board
- State Loan Repayment Program
- Lab Services
- Public Health Preparedness
- Communicable & Chronic Diseases
- Departmental Forms
- Community Mental Health Services
- Certificate of Need
- Toxic Substances
- Substance Abuse Providers

- Birth, Death, Marriage and Divorce Records
- Physical Health & Prevention
- Pregnant Women, Children & Families
- Mental Health & Substance Abuse
- Health Care Coverage
- Statistics and Reports
- Inside Community Health
- Health Systems & Health Profession Licensing

PROVIDER SPECIFIC INFORMATION

Click on a provider category below for covered procedure codes, fee screens and other information related to billing and reimbursement for services to Medicaid, CSHCS, ABW, and MOMS beneficiaries.

For fee screens before 2003, email msapolicy@michigan.gov.



Ambulance



Inpatient Hospital



Children's Special Health Care Services



Outpatient (hospital, freestanding ESRD facilities, CORFs, rehab agencies, outpatient therapy)



Clinical Laboratory



Maternal Infant Health Program



Dental



Medical Suppliers / Orthotists / Prosthetists, DME Dealers



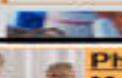
Family Planning



Nursing Facilities



Hearing Aid Services



Pharmacy



Home Health

Physicians/ Practitioners / Medical Clinics

- Anesthesia
- Certified Nurse Midwife
- Chiropractic
- MHSA (PH/PCMHSP/Children's Waiver)
- Oral Maxillofacial Surgeon
- Podiatry
- Practitioner and Medical Clinic
- Telemedicine Services
- Vision



Hospice



Local Health Department



School Based Services

- Providers
- > HIPAA
 - > Health Professional Shortage Areas
 - > Institutional Review Board
 - > State Loan Repayment Program
 - > Lab Services
 - > Public Health Preparedness
 - > Communicable & Chronic Diseases
 - > Departmental Forms
 - > Community Mental Health Services
 - > Certificate of Need
 - > Toxic Substances
 - > Substance Abuse Providers
 - Birth, Death, Marriage and Divorce Records
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 - Pregnant Women, Children & Families
 - Mental Health & Substance Abuse
 - Health Care Coverage
 - Statistics and Reports
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Physicians / Practitioners Medical Clinics



[Click here to go to the Infant Oral Health Training for Medical Providers Materials](#)

- **Anesthesia**
 - [Databases](#) [2009 Jan\]](#) [Data\]](#) [2008 Jan\]](#) [Data\]](#) [2007 Jan\]](#) [Data\]](#) [2006 Jan\]](#) [Data\]](#) [2005 May\]](#) [Data\]](#) [2005 Jan\]](#) [Data\]](#) [2004 April\]](#) [Data\]](#) [2004 Jan\]](#) [Data\]](#) [2003 Fee\]](#) [Data\]](#) [Instructions](#)
 - **Certified Nurse Midwife**
 - [Databases](#) [2009 July\]](#) [Data\]](#) [2009 July\]](#) [Data\]](#) [2008 Oct\]](#) [Data\]](#) [2008 May\]](#) [Data\]](#) [2006 Jan\]](#) [Data\]](#) [2005 May\]](#) [Data\]](#) [2005 Jan\]](#) [Data\]](#) [2004 Fee\]](#) [Data\]](#) [2003 Oct\]](#) [Fee\]](#) [Data\]](#) [2003 July\]](#) [Fee\]](#) [Screen\]](#) [Data\]](#) [Instructions](#)
 - **Chiropractic**
 - [Databases](#) [2009 July\]](#) [Data\]](#) [2006 May\]](#) [Data\]](#) [2005 May\]](#) [Data\]](#) [2004 File\]](#) [Data\]](#) [2004 Fee\]](#) [Screen\]](#) [Data\]](#) [2003 Fee\]](#) [Screen\]](#) [Data\]](#)
 - **MH/SA (PIHP/CMHSP/Children's Waiver) ** *******
 - [Injectable Drugs Billable to MDCH](#) [July 2009\]](#) [April 2009\]](#) [Jan 2009\]](#) [Oct 2008\]](#) [July 2008\]](#) [April 2008\]](#) [Jan 2008\]](#) [Oct 2007\]](#) [July 2007\]](#) [April 2007\]](#) [Jan 2007\]](#) [Oct 2006\]](#) [July 2006\]](#) [April 2006\]](#) [Jan 2006\]](#) [Oct 2005\]](#) [April 2005\]](#) [Jan 2005\]](#) [Oct 2004\]](#) [July 2004\]](#) [April 2004\]](#) [2003 Oct\]](#) [2003 July\]](#)
 - [Serious Emotional Disturbance \(SED\)](#) [Jan 2009\]](#) [Data\]](#) [Jan 2008\]](#) [Data\]](#) [Oct 2007\]](#) [Data\]](#) [Jan 2007\]](#) [Data\]](#) [May 2006\]](#) [Data\]](#)
 - [Childrens Waiver Services Database](#) [May 2009\]](#) [Data\]](#) [Apr 2009\]](#) [Data\]](#) [Jan 2009\]](#) [Data\]](#) [Jan 2008\]](#) [Data\]](#) [Jan 2007\]](#) [Data\]](#) [2006 May\]](#) [Data\]](#) [2006 Jan\]](#) [Data\]](#) [May 2005\]](#) [Data\]](#) [April 2004\]](#) [Data\]](#) [2003 Oct\]](#) [Data\]](#) [2003 July\]](#) [Data\]](#) [Instructions](#)
 - [Provider Qualification for Service/Procedure Code](#)
 - **Oral Maxillofacial Surgeon**
 - [Databases](#) [July 2009\]](#) [Data\]](#) [April 2009\]](#) [Data\]](#) [Jan 2009\]](#) [Data\]](#) [Oct 2008\]](#) [Data\]](#) [July 2008\]](#) [Data\]](#) [April 2008\]](#) [Data\]](#) [2004 July\]](#) [Data\]](#) [2004 April\]](#) [Data\]](#) [2004 Jan\]](#) [Data\]](#) [2003 Oct\]](#) [Fee\]](#) [Data\]](#) [2003 July\]](#) [Data\]](#) [Instructions](#)
- For dates of service from October 1, 2004 to March 31, 2008, Oral-Maxillofacial Surgeons are referred to the Practitioner and Medical Clinic database for fee screen authorization requirements and coverage of procedure codes.
- **Podiatry ****
 - [Databases](#) [2004 July\]](#) [Data\]](#) [2004 April\]](#) [Data\]](#) [2004 Jan\]](#) [Data\]](#) [2003 Oct\]](#) [Data\]](#) [2003 July\]](#) [Data\]](#) [Instructions](#)
 - **Practitioner and Medical Clinic * ** *******
 - [Databases](#) [July 2009\]](#) [Data\]](#) [April 2009\]](#) [Data\]](#) [Jan 2009\]](#) [Data\]](#) [Jan 2008\]](#) [Data\]](#) [Oct 2008\]](#) [Data\]](#) [July 2008\]](#) [Data\]](#) [2008 April\]](#) [Data\]](#) [2008 Jan\]](#) [Data\]](#) [2007 Oct\]](#) [Data\]](#) [2007 Jan\]](#) [Data\]](#) [2006 Oct\]](#) [Data\]](#) [2006 July\]](#) [Data\]](#) [2006 May\]](#) [Data\]](#) [2006 April\]](#) [Data\]](#) [Jan 2006\]](#) [Data\]](#) [Oct 2005\]](#) [Data\]](#) [July 2005\]](#) [Data\]](#) [2005 May\]](#) [Data\]](#) [2005 April\]](#) [Data\]](#) [2005 Jan\]](#) [Data\]](#) [2004 Oct\]](#) [Data\]](#) [2004 July\]](#) [Data\]](#) [2004 April\]](#) [Fee\]](#) [Data\]](#) [2004 Jan\]](#) [Data\]](#) [2003 Oct\]](#) [Data\]](#) [2003 July\]](#) [Data\]](#) [Instructions](#)
 - **Telemedicine Services**
 - [Databases](#) [July 2009\]](#) [Data\]](#) [Jan 2009\]](#) [Data\]](#) [Jan 2008\]](#) [Data\]](#) [Jan 2007\]](#) [Data\]](#) [May 2006\]](#) [Data\]](#)
 - **Vision**
 - [Databases](#) [2009 July\]](#) [Data\]](#) [2009 Jan\]](#) [Data\]](#) [2008 Oct\]](#) [Data\]](#) [2008 Jan\]](#) [Data\]](#) [2006 Sep\]](#) [Data\]](#) [2006 May\]](#) [Data\]](#) [2006 Jan\]](#) [Data\]](#) [2005 May\]](#) [Data\]](#) [2004 April\]](#) [Data\]](#) [2004 Jan\]](#) [Data\]](#) [2003 Oct\]](#) [Data\]](#) [2003 July\]](#) [Data\]](#) [Instructions](#)

* [NDC Format for Billing](#)
 ** [Drug Manufacturers with Signed Rebate Agreements with CMS](#)
 *** [Examples of NDC Billing for Practitioners](#)
 ***** [Examples of NDC Billing for CMH](#)

[Data\]](#) [2003 July\]](#) [Data\]](#) [Instructions](#)

- **Practitioner and Medical Clinic** * ** ***

- **Databases** [July 2009\]](#) [Data\]](#) [April 2009\]](#) [Data\]](#) [Jan 2009\]](#) [Data\]](#)
[Oct 2008\]](#) [Data\]](#) [July 2008\]](#) [Data\]](#) [2008 April\]](#) [Data\]](#) [2008 Jan\]](#) [Data\]](#)
[2007 Oct\]](#) [Data\]](#) [2007 Jan\]](#) [Data\]](#) [2006 Oct\]](#) [Data\]](#) [2006 July\]](#) [Data\]](#) [2006](#)
[May\]](#) [Data\]](#) [2006 April\]](#) [Data\]](#) [Jan 2006\]](#) [Data\]](#) [Oct 2005\]](#) [Data\]](#) [July 2005\]](#) [Data\]](#)
[2005 May\]](#) [Data\]](#) [2005 April\]](#) [Data\]](#) [2005 Jan\]](#) [Data\]](#) [2004 Oct\]](#) [Data File\]](#) [2004](#)
[July\]](#) [Data\]](#) [2004 April Fee\]](#) [Data\]](#) [2004 Jan\]](#) [Data\]](#) [2003 Oct\]](#) [Data\]](#) [2003 July\]](#)
[Data\]](#) [Instructions](#)

- **Telemedicine Services**

- **Databases** [January 2010\]](#) [Data\]](#) [October 2009\]](#) [Data\]](#) [July 2009\]](#)
[Data\]](#) [Jan 2009\]](#) [Data\]](#) [Jan 2008\]](#) [Data\]](#) [Jan 2007\]](#) [Data\]](#) [May 2006\]](#)
[Data\]](#)

- **Vision**

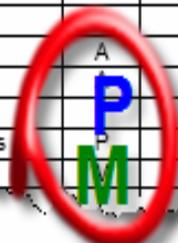
- **Databases** [2009 July\]](#) [Data\]](#) [2009 Jan\]](#) [Data\]](#) [2008 Oct\]](#) [Data\]](#)
[2008 Jan\]](#) [Data\]](#) [2006 Sep\]](#) [Data\]](#) [2006 May\]](#) [Data\]](#) [2006 Jan\]](#) [Data\]](#) [2005](#)
[May\]](#) [Data\]](#) [2004 April\]](#) [Data\]](#) [2004 Jan\]](#) [Data\]](#) [2003 Oct\]](#) [Data\]](#) [2003 July\]](#) [Data\]](#)
[Instructions](#)

* [NDC Format for Billing](#)

** [Drug Manufacturers with Signed Rebate Agreements with CMS](#)

*** [Examples of NDC Billing for Practitioners](#)

Code	Mod	Short Desc	Status	Non-Fac	Non Fac Fee	Fac Fee	Pc/Tc Ind	Global Surg	Pre Op	Intra Op	Post Op	Bilat Surg	Asst Surg	Co Surg	Team Surg
17266		Destruction of skin lesions	A		\$106.36	\$78.58	0	010	0.10	0.80	0.10	0	1	0	0
17270		Destruction of skin lesions	A		\$66.10	\$48.23	0	010	0.10	0.80	0.10	0	1	0	0
17271		Destruction of skin lesions	A		\$71.69	\$54.47	0	010	0.10	0.80	0.10	0	1	0	0
17272		Destruction of skin lesions	A		\$82.68	\$63.51	0	010	0.10	0.80	0.10	0	1	0	0
17273		Destruction of skin lesions	A		\$93.44	\$71.91	0	010	0.10	0.80	0.10	0	1	0	0
17274		Destruction of skin lesions	A		\$113.25	\$88.92	0	010	0.10	0.80	0.10	0	1	0	0
17276		Destruction of skin lesions	A		\$135.85	\$108.51	0	010	0.10	0.80	0.10	0	1	0	0
17280		Destruction of skin lesions	A		\$60.93	\$43.71	0	010	0.10	0.80	0.10	0	1	0	0
17281		Destruction of skin lesions	A		\$79.68	\$62.01	0	010	0.10	0.80	0.10	0	1	0	0
17282		Destruction of skin lesions	A		\$92.15	\$72.34	0	010	0.10	0.80	0.10	0	1	0	0
17283		Destruction of skin lesions	A		\$114.11	\$91.29	0	010	0.10	0.80	0.10	0	1	0	0
17284		Destruction of skin lesions	A		\$134.99	\$109.80	0	010	0.10	0.80	0.10	0	1	0	0
17286		Destruction of skin lesions	A		\$179.56	\$153.08	0	010	0.10	0.80	0.10	0	1	0	0
17311		Mohs, 1 stage, h/n/hf/g	A		\$370.96	\$208.89	0	000	0.00	0.00	0.00	0	1	0	0
17312		Mohs addl stage	A		\$222.84	\$110.02	0	ZZZ	0.00	0.00	0.00	0	1	0	0
17313		Mohs, 1 stage, t/a/l	A		\$338.67	\$185.37	0	000	0.00	0.00	0.00	0	1	0	0
17314		Mohs, addl stage, t/a/l	A		\$206.47	\$101.84	0	ZZZ	0.00	0.00	0.00	0	1	0	0
17315		Mohs surg, addl block	A		\$44.14	\$28.85	0	ZZZ	0.00	0.00	0.00	0	1	0	0
17340		Cryotherapy of skin	A		\$25.41	\$25.19	0	010	0.10	0.80	0.10	0	1	0	0
17380		Skin peel therapy	A		\$63.08	\$50.81	0	010	0.10	0.80	0.10	0	1	0	0
17380		Hair removal by electrolysis	A		\$13.25	\$13.25	0	000	0.00	0.00	0.00	0	0	0	0
17999		Skin tissue procedure	A		\$0.01	\$0.01	0	YYY	0.00	0.00	0.00	0	0	1	1



Status Code



Indicates if a code is active (covered) when the database is published and whether additional information is required.

- A = Active code
- C = Hysterectomy, sterilization or abortion consent form required
- D = Deleted code since last published database
- M = Additional information required to process the claim such as a description of the service rendered or an operative report
- P = Prior authorization is required

Prior Authorization (PA)

How do I obtain prior authorization?

- CHAMPS PA tab
- Fax/Mail PA request form
- Call for emergency PA
- Requesting a PA under group versus individual NPI

How do I know if I have an approved Prior Authorization?

- Filter PA Request list page by tracking number, beneficiary ID, and/or status (i.e. “Approved”, “Requested”, “Denied”, or “%”)
- PA status must be approved before tracking number can be used as the PA number on a claim
- Archived documents stores PA approval letters

What do I do if my units are all used up?

- Contact PA staff
- Be very clear that you are requesting that units be added to the existing PA
- In some cases, providers may be asked to submit a new PA request for the additional units/services

What do I do if I get no response to my paper PA request?

- Ensure proper domain and profile access to NPI(s) submitted on the request
- Review Archived Documents for PA request response letter
- Filter PA Request list



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome

You have logged-in with [redacted] in and CHAMPS Full Access profile.

Links: --Select--



Path: [Provider Portal](#) / [Prior Authorization](#)

Menu

Close Add New Request

PA Request List:

Filter By :

Filter By :

Page View

Request Date

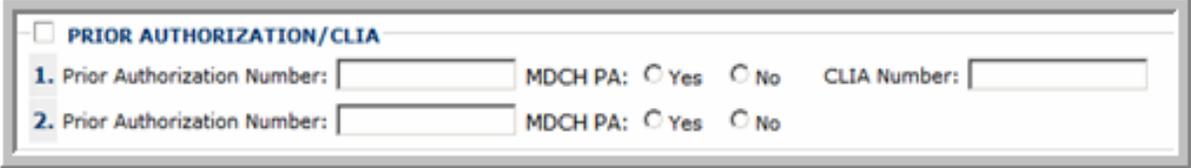
Status

NPI/ID

Billing with Prior Authorization

Report the 9 or 10 digit Prior Authorization/Tracking Number in the following:

- CHAMPS:



The screenshot shows a form section titled "PRIOR AUTHORIZATION/CLIA" with a checkbox. Below the title are two rows of input fields. The first row contains: "1. Prior Authorization Number:" followed by a text box, "MDCH PA:" followed by "Yes" and "No" radio buttons, and "CLIA Number:" followed by a text box. The second row contains: "2. Prior Authorization Number:" followed by a text box, and "MDCH PA:" followed by "Yes" and "No" radio buttons.

- Electronic/Billing Agent Submission: Loop 2300 REF*G1 Qualifier
- CMS 1500 form: Box 23

Note: If billing for clinical lab services, the CLIA registration number must be reported in this field.

- The number is a 10-digit number with "D" in the third position

CHAMPS Prior Authorization Resources

Information regarding the CHAMPS Prior Authorization sub-system can be found at:

www.michigan.gov/medicaidproviders

>> CHAMPS >> Resources >> Additional Resources

- Additional Quick Reference Guide: Prior Authorization Request and Prior Authorization Inquiry
- Frequently Asked Questions: Prior Authorization
- Web Based Training

Can I still provide a service to a Medicaid beneficiary if it is not covered by MDCH?

- It is ideal to avoid providing covered services and non-covered services during the same visit but with proper notification of the beneficiary's responsibility for payment of non-covered services, this is acceptable.
- A provider, beneficiary, service, and service-date-specific waiver is recommended.

How do I submit a claim to MDCH?

- Billing agent (HIPAA 837 ANSI) 😊
- Batch Upload (HIPAA 837 ANSI) 😊
- CHAMPS Direct Data Entry Claim Submission 😊
- Manage Claims Screens 😊
- Paper 😞

General Billing Tips

- **Date of Birth:** Claims submitted with a wrong date of birth (this can sometimes cause the claim to need manual review resulting in a delay and possible rejection of the claim)
- **Beneficiary Name:** Enter the patient's name as used on the beneficiary ID. Last names are not matching what is on file, either because of a hyphenated name, the name is misspelled, or the provider used the Mom's last name instead of the child
- Verify diagnosis and procedure codes are valid and active

General Billing Tips Continued...

- Reimbursement for a previously paid claim needs to be billed as a claim adjustment. MDCH receives claims where the provider is trying to get additional money, but we have to reject because the provider billed a second original claim
- If the procedure requires documentation please include it with the claim. MDCH prefers the provider not enter notes in remarks stating "Documents available upon request"

General Billing Tips Continued...

- When sending documents via EZ Link , please look for confirmation that MDCH received it. MDCH has been seeing claims that indicate in the remarks that EZ Link documents were sent but when we go to EZ Link to retrieve them there is nothing there
- If documentation is not required, do not use EZ-Link
- Other insurance EOBs should only be submitted to Documentation EZ-Link for Medicare Part C. The Claim must also reflect the appropriate primary insurances CAS/Reason codes.

Note: For more information regarding Documentation EZ Link visit www.michigan.gov/medicaidproviders >>Documentation EZ Link

How do I know if Medicaid paid my claim?

- Inquire Claim list screen
 - Narrow search with filters
 - Broad searches slow entire system
- Archived Documents
- Billing Agent (DEG 835/277U and/or RA List 835)
- Why was my claim suspended or denied?
 - Compare reason/remark codes on RA with details in CHAMPS Inquire Claim Header, Line, and Other Detail
 - Suspended claim shows “In Process” status
 - Washington Publishing Company (WPC) Reason/Remark Codes

How do I correct an error on a paid claim?

- Manage Claims
 - Void and resubmit if beneficiary, billing NPI, or date of service were incorrect
 - Adjust/replace if anything else needs to be changed
- HIPAA 837 Void/Replacement Claim
 - Void: Claim Frequency Type Code 8 – with original TCN
 - Replacement: Claim Frequency Type Code 7 – with original TCN

Questions?

National Provider Identification

Type 1 (Individual) vs.
Type 2 (Group or Billing)

What is a Type 1 NPI?

- A Type 1 (Individual) NPI is the number associated with an individual healthcare professional (e.g., MD, DO, CRNA, etc)
- Type 1 NPI for individual providers can be either:
 - **Sole Proprietor**: an individual who provides services, owns his/her own business, and may report their Type 1 NPI as the billing provider to directly receive payment
 - **Rendering/Service Only Provider**: an individual who renders services strictly on behalf of an organization, clinic, or group practice. These providers are required to affiliate themselves with an existing Type 2 (group) NPI

What is a Type 2 NPI?

- A Type 2 NPI is the number required for organizations (such as clinics, group practices, and incorporated individuals) who provide healthcare services and receive payment
- The Type 2 NPI must be reported in the billing provider loop or field (do not enter the Type 2 NPI as the rendering provider within a claim)

Associating a Rendering/Servicing (Type 1) NPI to a Billing (Type 2) NPI

- The Rendering/Servicing (Type 1) NPI **MUST** be associated to the appropriate Billing (Type 2) entity or entities within the CHAMPS provider enrollment application
- This association must be made within the Type 1 (individual) provider's application, not the Type 2 (billing) application



Welcome Outreach, Training.

Links: --Select--



Path: [Provider Portal](#)



Select a Domain:

Rendering Servicing Provider 1234567890

Select a Profile:

- HOSPITAL 3 1306825997 FAO
- Inpatient and Outpatient 1992812580
- Medical Group PC 1396725735
- PDN Agency 1437267754
- PDN Provider EXPIRED 1245423912
- PDN Provider LPN 1558369041 IND
- PDN Provider RN 1073750113 IND
- PROF 1891853479
- Rendering Servicing Provider 1234567890
- School Based 1871539254
- Training Hospital 1689635526 FAO



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training.

Links: -Select-



Path: [Provider Portal](#)



Select a Domain: Rendering Servicing Provider 1234567890

Select a Profile: CHAMPS Full Access Go

- CHAMPS Full Access
- CHAMPS Limited Access
- Claims Access
- Domain Administrator
- Eligibility Inquiry
- Prior Authorization Access
- Provider Enrollment Access
- View Provider Enrollment



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Rendering Servicing Provider 1234567890 domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

NPI: [Redacted]

Name: Wulss, Oduub

Menu

Provider Portal:

Online Services:

Provider [Hide/Max](#)

- [Initiate New Enrollment](#)
- [Manage Provider Information](#)
- [Track Application](#)

Admin [Hide/Max](#)

- [Archived Documents](#)

Claims [Hide/Max](#)

- [Submit Institutional Claim Inquiry](#)
- [Submit Dental](#)
- [Submit Professional](#)

Member [Hide/Max](#)

- [Eligibility Inquiry](#)

Prior Authorization [Hide/Max](#)

- [PA Inquire](#)
- [PA Request List](#)

Welcome!

[Hide/Max](#)



My Reminders:

Filter By: [Dropdown] [Text] [Text]

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date	Due Date	Read

No Records Found !



My Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Rendering Servicing Provider 1234567890 domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal/ Individual Modification

NPI: XXXXXXXXXX

Name: Wulss, Oduub

Menu

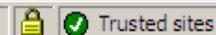
Close Undo Update

View/Update Provider Data - Individual:

Business Process Wizard - Provider Data Modification (Individual).

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 2: Specialties	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 3: Associate Billing Provider	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 4: Licenses and Certifications	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 5: Ownership Details	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 6: Taxonomy Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 7: View Servicing Provider Details	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 8: Complete Modification Checklist	Required	01/29/2009	01/29/2009	Incomplete		
<input type="checkbox"/>	Step 9: Submit Modification Request for Review	Required	01/29/2009	01/29/2009	Complete		

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS





My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Rendering Servicing Provider 1234567890 domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal/ Individual Modification

NPI: [REDACTED]

Name: Wulss, Oduub

Menu

Close Add

Billing Provider List:

Filter By : [dropdown] [input] [input]
And [dropdown] [input] [input]

And Operational Status: Active [dropdown] Go

<input type="checkbox"/>	Billing Provider NPI	Billing Provider Name	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	1111111111	Pdubxhwwh Krvslwdo FUQD*v	08/01/2008	12/31/2999	Approved	Active	

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Rendering Servicing Provider 1234567890 domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal/ Individual Modification

NPI: [Redacted]

Name: Wulss, Oduub

Menu

Close Add

Billing Provider List:

Filter



NPI: [Redacted]

Name: Wulss, Oduub

Activation Date

Associate Billing Provider:

Enter NPI of Billing Provider and click "Confirm Provider".

NPI: *

Provider Name:

Start Date: *

End Date:

Page ID: dlgAssocBillingPrvdr(Provider)

Done

Trusted sites

Trusted sites



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Rendering Servicing Provider 1234567890 domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal/ Individual Modification

NPI: [Redacted]

Name: Wulss, Oduub

Menu

Close Add

Billing Provider List:

Filter



NPI: [Redacted]

Name: Wulss, Oduub

Activation Date



Associate Billing Provider:

Enter NPI of Billing Provider and click "Confirm Provider".

NPI: 111111111 *

Provider Name: Grxjodv J Fdpsehoo PG - Edwwoh Fuhhn Khdowk Vbwhp

Start Date: 01/06/2010 *

End Date: [Empty]

Confirm Provider

OK

Cancel



Page ID: dlgAssocBillingPrvdr(Provider)

Done



Trusted sites



Trusted sites



My Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Rendering Servicing Provider 1234567890 domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal/ Individual Modification

NPI: [Redacted]

Name: Wulss, Oduub

Menu

Close Add

Billing Provider List:

Filter By : [Dropdown] [Text] [Text]

And [Dropdown] [Text] [Text]

And Operational Status: Active [Dropdown] Go

<input type="checkbox"/>	Billing Provider NPI ▲▼	Billing Provider Name ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>	1111111111	Grxjodv J Fdpsehoo PG - Edwwoh Fuhhn Khdownk Vbvwhp	01/06/2010	12/31/2999	In Review	Active	
<input type="checkbox"/>	1222222222	Pdubxhwwh Krvslwdo FUGD'v	08/01/2008	12/31/2999	Approved	Active	

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS





My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Rendering Servicing Provider 1234567890 domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal/ Individual Modification

NPI: [Redacted]

Name: Wulss, Oduub

Menu

Close Undo Update

View/Update Provider Data - Individual:

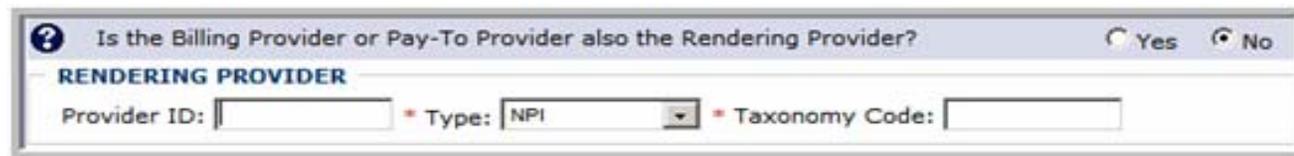
Business Process Wizard - Provider Data Modification (Individual).

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 2: Specialties	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 3: Associate Billing Provider	Required	01/06/2010	01/29/2009	Complete	Updated	
<input type="checkbox"/>	Step 4: Licenses and Certifications	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 5: Ownership Details	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 6: Taxonomy Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 7: View Servicing Provider Details	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 8: Complete Modification Checklist	Required	01/29/2009	01/29/2009	Incomplete		
<input type="checkbox"/>	Step 9: Submit Modification Request for Review	Required	01/29/2009	01/29/2009	Incomplete		Modification Request has not been Submitted.

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Reporting Rendering Provider NPI (Type 1)

- CHAMPS
 - Answer (NO) to: Is the Billing Provider or Pay-To Provider also the Rendering Provider?
 - Enter in the appropriate NPI in the “Provider ID” field and select NPI from the “Type” drop down



Is the Billing Provider or Pay-To Provider also the Rendering Provider? Yes No

RENDERING PROVIDER

Provider ID: * Type: * Taxonomy Code:

- Electronic
 - Loop 2310B, Segment NM108-NM109
- CMS 1500 Form
 - Report in box 24J

Reporting Referring Provider NPI

- **Referring Provider** (laboratory, medical supplies, and consultation services) MDCH does not require the referring provider to be enrolled with the program, but a valid NPI must be reported
- Electronic
 - Loop 2310B, Segment NM1
- CHAMPS*
 - Answer (YES) to: Is this service the result of a referral?
 - Enter in the appropriate NPI in the “Provider ID” field and select NPI from the “Type” drop down



The screenshot shows a form with a question: "Is this service the result of a referral?" with radio buttons for "Yes" and "No". Below the question is a section titled "REFERRING PROVIDER INFORMATION" which contains three fields: "Provider ID:" followed by a text input box, "Type:" followed by a dropdown menu, and "Taxonomy Code:" followed by a text input box.

- CMS 1500 Form
 - Report in Box 17a – 17b

Common NPI Denials

The claim will reject with the applicable Reason and Remark codes if one of the following applies:

- Rendering/Servicing Provider NPI missing (CARC-8 and RARC-N65)
- Rendering/Serving Provider is incorrectly entered into the Billing Provider field (CARC-133 and RARC-N198)
- Rendering/Servicing Provider has not been properly associated to the Billing Provider (CARC-B7 and RARC-N198)

Questions?

Refer to Bulletin MSA
09-51 for additional
information

Professional Claim Submission when Billing Secondary Insurance

Direct Data Entry (DDE)
Tool, Claim Adjustment
Source (CAS) Codes

What are Claim Adjustment Source (CAS) Codes?

- HIPAA Claim Adjustment Reason Codes are also used as CAS codes
- CAS codes: identify the detailed reason why an adjustment was made
 - These codes replace the need for an EOB
- CAS codes are **only** used when submitting via Direct Data Entry (DDE) through CHAMPS, or any other electronic method (billing agents, clearinghouse, etc.)
- Always include the corresponding dollar value with the appropriate CAS code

Common CAS/Reason Codes

- 1 = Deductible Amount
- 2 = Coinsurance Amount
- 3 = Co-pay
- 45 = Contractual amount
- 96 = Non-covered charges

Complete list:

- www.wpc.edi.com/codes >> Claim Adjustment Reason Codes



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Testuser, Provider. You have logged-in with [redacted] domain and CHAMPS Full Access profile. Links: --Select--



Path: Provider Portal

NPI: [redacted]

Name: [redacted]

Menu

Provider Portal:

Online Services:

Provider

Hide/Max

- [Initiate New Enrollment](#)
- [Manage Provider Information](#)
- [Track Application](#)

Admin

Hide/Max

- [Archived Documents](#)

Claims

Hide/Max

- [Submit Institutional Claim Inquiry](#)
- [Submit Dental](#)
- [Submit Professional](#)

Member

Hide/Max

- [Eligibility Inquiry](#)

Prior Authorization

Hide/Max

- [PA Inquire](#)
- [PA Request List](#)

Welcome!

Hide/Max



My Reminders:

Filter By: [dropdown] [input] [input] Go

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date	Due Date	Read
--------------------------	------------	---------------	------------	----------	------

No Records Found !



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with [redacted] domain and Provider profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

[Claim Submission](#)

Claim Submission

[Manage Claims](#)

Manage Claims

[Inquire Claims](#)

Inquire Claims

[RA List](#)

RA List



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Provider Test . You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental
Search Template	Search Template



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

Professional Claim:

Note: Asterisks (*) denote required fields.

[Billing Instructions](#)

Basic Claim Info

Billing Provider | Pay-To Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: 10000000001 * Type: NPI * Taxonomy Code:

- Is the Billing Provider also the Pay-To Provider? Yes No
- Is the Billing Provider or Pay-To Provider also the Rendering Provider? Yes No
- Is this service the result of a referral? Yes No

Top

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Date of Birth: mm dd yyyy * Gender: *

Onset of Current Illness/symptom Date: mm dd yyyy Similar Illness/symptom Date: mm dd yyyy

- Does the beneficiary have insurance other than Medicaid? Yes No

Top

CLAIM INFORMATION

+ RELEVANT DATES



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

Does the beneficiary have insurance other than Medicaid? Yes No

OTHER INSURANCE INFORMATION
Other Subscriber Information

Payer Responsibility Code: *

Payer ID Number: *

Subscriber Last Name:

Date of Birth: mm dd yyyy

Insured's Group or Policy Number: *

Claim Filing Indicator : *

Subscriber Member ID:

First Name: MI: Suffix:

Gender:

Beneficiary's Relationship: *

Total COB Payer Paid Amount: \$ * [Add Another](#)

Top

CLAIM INFORMATION

RELEVANT DATES

PRIOR AUTHORIZATION/CLIA

CLAIM NOTE

Is this claim accident related? Yes No

Does this claim have backup documentation? Yes No

CLAIM DATA

Patient Account No:



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

CLAIM INFORMATION

- RELEVANT DATES
- PRIOR AUTHORIZATION/CLIA
- CLAIM NOTE

Is this claim accident related? Yes No

Does this claim have backup documentation? Yes No

CLAIM DATA

Patient Account No.:

Medicaid Deductible Amount: \$

Diagnosis Codes: 1: * 2: 3: 4:

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From:	<input type="text"/> <small>mm</small> <input type="text"/> <small>dd</small> <input type="text"/> <small>yyyy</small> *	To:	<input type="text"/> <small>mm</small> <input type="text"/> <small>dd</small> <input type="text"/> <small>yyyy</small> *
Place of Service:	<input type="text"/> *	EMG :	<input type="text"/> <input type="text"/> *
Procedure Code:	<input type="text"/> *	Modifiers:	1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>
Submitted Charges:	\$ <input type="text"/> *	Diagnosis Pointers:	1: <input type="text"/> <input type="text"/> * 2: <input type="text"/> <input type="text"/> 3: <input type="text"/> <input type="text"/> 4: <input type="text"/> <input type="text"/>
Units/Quantity:	<input type="text"/> *		
EPSTD/Family Planning:	<input type="text"/>		



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy * To: mm dd yyyy *

Place of Service: * EMG : *

Procedure Code: * Modifiers: 1: 2: 3: 4:

Submitted Charges: \$ * Diagnosis Pointers: 1: * 2: 3: 4:

Units/Quantity: *

EPSDT/Family Planning:

Rendering Provider ID: (If different from header) Type: Taxonomy Code:

National Drug Code: Quantity: Add Another

Add Service Line Item

Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units
	From	To		1	2	3	4	1	2	3	4		

Top



My Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate Setting

PA

Contract/MC

Welcome Test You have logged-in with Provider Test.0000000001 domain and Provider profile.

Links: --Select--

Path: Provider Portal/ Submit Professional Claim/ Search Templates/ Submit Professional Claim

Menu

Close Submit Claim Reset

BASIC SERVICE LINE ITEMS

Service Date From: * To: *

Place of Service: * EMG : *

Procedure Code: * Modifiers: 1: 2: 3: 4:

Submitted Charges: \$ * Diagnosis Pointers: 1: * 2: 3: 4:

Units/Quantity: *

EPSDT/Family Planning:

Rendering Provider ID: (If different from header) Type: Taxonomy Code:

National Drug Code: Quantity: Units: [Add Another](#)

[Add Service Line Item](#) [Update Service Line Item](#)

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$135.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	
	From	To		1	2	3	4	1	2	3	4			
1	10/26/2008	10/26/2008	99222					1				135	1	Insurance Info

[Copy](#) [Delete](#)

Top



My Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate Setting

PA

Contract/MC

Welcome [redacted]. You have logged-in with [redacted] domain and **Provider** profile. Links: --Select--



Path: Provider Portal/ Search Templates/ Submit Institutional Claim/ Search Templates/ Submit Institutional Claim/ Submit Claim Insurance Info

Menu

Close Basic Claim Form Reset

Institutional Claim:

Note: asterisks (*) denote required fields. [Billing Instructions](#)

INSURANCE INFORMATION

To save the information, Click 'Basic Claim Form' button.

Does the Beneficiary have insurance other than Medicaid? Yes No

OTHER INSURANCE INFORMATION

1. Service Line Other Payer Information

Primary Payer Responsibility: [dropdown] * Amount Paid: \$ [input] *

1. Reason Code: [input] Amount: \$ [input] Adjustment Quantity: [input] [Add Another Reason Code](#)

2. Reason Code: [input] Amount: \$ [input] Adjustment Quantity: [input]

[Add Another Payer](#)

Welcome to MMIS - Microsoft Internet Explorer

CHAMPS
My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Test You have logged-in with Provider Test 0000000001 domain and Provider profile. Links: --Select--

Path: Provider Portal/ Submit Professional Claim/ Search Templates/ Submit Professional Claim/ Provider Portal/ Search Templates/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

Professional Claim:
Note: Asterisks (*) denote required fields. [Billing Instructions](#)

Basic Claim Info
Billing Provider | Pay-To Provider | Beneficiary

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION
Provider ID: * Type:

? Is the Billing Provider also the Pay-To Provider?
? Is the Billing Provider or Pay-To Provider?
? Is this service the result of a referral?

BENEFICIARY INFORMATION

BENEFICIARY
Beneficiary ID: *
Last Name: *
Date of Birth: mm dd yyyy *
Onset of Current Illness/symptom Date: mm dd yyyy
Similar Illness/symptom Date: mm dd yyyy

Submitted Professional Claim Details:
TCN: 210901600000001000
Billing Provider ID: 0000000001
Billing Provider Name: Provider Test
Beneficiary ID: 1111111111
Beneficiary Name: Beneficiary, Test
Date of Service: 10/26/2008
Total Claim Charge: \$135.00
Total Number of Lines: 1

Print Close

Done Trusted sites

? Does the beneficiary have insurance other than Medicaid? Yes No

After You Bill Medicaid

Remittance Advice and
Claim Inquiry



Three Ways to Obtain Your Remittance Advice

- **CHAMPS Archived Documents**

- Available with either CHAMPS Full Access or CHAMPS Limited Access Profiles
- Located in the “My Inbox” Tab or on the Provider Portal Page – Filter is now required
- PDF formatted exact copy of paper remittance advice
- Ability to save and print these documents
- Stored in CHAMPS for 10 years



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Dr John Rambo GROUP [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal

NPI: [redacted]

Name: VPLWK, MHIUHB I PG SF

Menu

Provider Portal:

Online Services:

Provider

Hide/Max

- Initiate New Enrollment
- Manage Provider Information
- Track Application

Admin

Hide/Max

- Archived Documents

Claims

Hide/Max

- Submit Institutional Claim Inquiry
- Submit Dental
- Submit Professional

Member

Hide/Max

- Eligibility Inquiry

Prior Authorization

Hide/Max

- PA Inquire
- PA Request List

Welcome!

Hide/Max



My Reminders:

Filter By: [dropdown] [input] [input] Go

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

Three Ways to Obtain Your Remittance Advice Continued ...

- **835 Electronic Remittance Advice**

- HIPAA (raw data) File Transaction
- Only one 835 can be designated per Tax ID
- If a provider would like to receive their 835, this designation is made within the Provider Enrollment Application in CHAMPS
 - If an 835 is already on file for that Tax ID, Providers cannot make an association in CHAMPS, providers must submit the 835/277U Change Request form located on the Trading Partner website www.michigan.gov/tradingpartners
- Once designated, providers can retrieve this file through either the Data Exchange Gateway (DEG) or the “RA List” located within the Claims tab

Note: For step by step instructions on obtaining your 835, visit our CHAMPS website >> Resources Table



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Dr John Rambo GROUP [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

Claim Submission	Claim Submission
Manage Claims	Manage Claims
Inquire Claims	Inquire Claims
RA List	RA List



Trusted sites

Three Ways to Obtain Your Remittance Advice Continued ...

- Paper Copy via the Mail
 - Must have the “Remittance Advice” address reported within the Primary Practice Location of your Provider Enrollment Application within CHAMPS
 - If you download your Paper RA through “Archived Documents” in CHAMPS, please remember to end date your RA address to no longer receive a copy in the mail
 - Please consider end-dating RA Address and using CHAMPS to retrieve “paper” RA faster, cheaper, and easier!

Note: For step by step instructions on assigning your RA Address, visit www.michigan.gov/medicaidproviders >>Provider Enrollment >> Completing Locations Guide



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Agency [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal/ Facility Modification BPW

NPI: [redacted]

Name: PDALP KHDOWKFDUH VHUYLFHV LQF

Menu

Close Save To add additional addresses, click "Add Address" button.

Start Date : 07/08/2009

End Date: 12/31/2999

Status: Approved

Facility Details:

State Facility ID:

Fiscal Year End Date: 09/30 *
(mm/dd)

Licensed Medicaid Bed(s):

Licensed Medicare Bed(s):

Licensed Medicaid/Medicare Bed(s):
(Dual Certified)

Ventilator Dependent Unit(s):

Swing Bed(s):

Acute Care Bed(s):

Licensed LTC Unit(s):
(Long Term Care)

Temporarily Non Available:

Distinct Part Unit: None *

Add Address

Address List:

Filter By:

And

And Operational Status Active Go

<input type="checkbox"/>	Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	Location	12819 MAIN ST CITY, MI	03/16/2002	12/31/2999	Approved	Active	
<input type="checkbox"/>	Correspondence	12819 MAIN ST CITY, MI	03/16/2002	02/04/2010	Approved	Active	
<input type="checkbox"/>	Primary Pay To	12819 MAIN ST CITY, MI	03/16/2002	12/31/2999	Approved	Active	

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Information included within the Remittance Advice

- Information included:
 - Paid Claims
 - Denied Claims
 - Gross Adjustments (when money is owed by either the provider or the MDCH)

Note: RA's will no longer report "suspended" or "in process" claims

Billing Provider NPI: [REDACTED]

Name: [REDACTED]

EIN/TIN: [REDACTED]

Pay Cycle:

RA Number: [REDACTED]

RA Date: 01/07/2010

FINANCIAL ADJUSTMENTS

Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance
Balance Owed by Tax ID	\$0.00		\$0.00

CLAIM SUMMARY

Category	Count
Paid	35
Suspended	0
Denied	20
GA	0

Total Approved	\$2,116.01	Total Adjusted	\$0.00	Total Paid	\$2,116.01
----------------	------------	----------------	--------	------------	------------

Warrant/EFT #: [REDACTED]

Warrant/EFT Date: 01/07/2010

Billing Provider NPI	Name	EIN/TIN	Pay Cycle:	RA Number:	RA Date: 01/07/2010						
Gross Adj ID Beneficiary Name Beneficiary ID Patient Account # Medical Record #	Original TCN TCN Type of Bill	Submitter ID Rendering Provider NPI	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Total Charges	Approved Amount	Category	Reason	Remark
PATIENT, NAME 1 0011111111 123JJ696969678	310936410005478000	00BS	12/30/2009 11/11/2009-11/11/2009				\$350.00	\$0.00	Denied	22	
	310936410005478001		11/11/2009-11/11/2009	E1390-RR		0	\$350.00	\$0.00	Denied	18, 45, B13, B5	N10, N131, N30
PATIENT, NAME 2 0022222222 123TT696969754696	310936410009526000	00BS	12/30/2009 07/22/2009-07/27/2009				\$407.16	\$0.00	Denied		
	310936410009526001		07/22/2009-07/27/2009	E0202-RR		6	\$407.16	\$0.00	Denied	24	N130
PATIENT, NAME 3 0033333333	310936410006325000	006B	12/23/2009 12/06/2009-12/06/2009				\$425.00	\$5.31	Paid	22, 45	
	310936410006325001		12/06/2009-12/06/2009	E1390-RR		1	\$350.00	\$0.00	Paid	23, 45, 22	N131
	310936410006325002		12/06/2009-12/06/2009	E0431-RR		1	\$75.00	\$5.31	Paid	23, 22, 45	N131
PATIENT, NAME 4 0044444444	310936410004116000	00BS	12/23/2009 12/21/2009-12/21/2009				\$350.00	\$107.74	Paid		
	310936410004116001		12/21/2009-12/21/2009	E1390-RR		1	\$350.00	\$107.74	Paid	45	
PATIENT, NAME 5 0055555555	310936410007462000	006B	12/21/2009 11/18/2009-11/18/2009				\$2,400.00	\$82.48	Paid	45	
	310936410007462001		11/18/2009-11/18/2009	E0450-RR		1	\$1,200.00	\$41.24	Paid	23, 22, 45	N131
	310936410007462002		11/18/2009-11/18/2009	E0450-RR		1	\$1,200.00	\$41.24	Paid	23, 22, 45	N131

Claim Inquiry in CHAMPS

Claim Inquiry Information

- Claims submitted through CHAMPS Direct Data Entry (DDE) should be available within 15 minutes
- Claims submitted via billing agent/clearinghouse will be available in 1-2 business day(s) (after the file is received by MDCH)
 - ex: Provider submits to BCBS on Monday > BCBS sends file to MDCH on Wednesday > Claims available within CHAMPS on Thursday for inquiry
- Using a series of filters, providers can locate any active claims within **three** years
- Filters automatically restrict users user's view to claims billed with domain NPI



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with [redacted] domain and Provider profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

Claim Submission	Claim Submission
Manage Claims	Manage Claims
Inquire Claims	Inquire Claims
RA List	RA List



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Dr John Rambo GROUP 1023196458 domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

[Inquire Claim](#)

Inquire Claims - Provider





Welcome Outreach, Training. You have logged-in with Dr John Rambo GROUP 1023196458 domain and CHAMPS Full Access profile. Links: --Select--



Path: [Provider Portal](#) / [Inquire Claims](#)

Menu

Close

Inquire Claim:

Filter By : [] And [] And []

- Approved Amount
- Beneficiary ID
- Claims Filing Indicator
- Consumer ID
- Diagnosis Code
- From/To Dates
- Line Item Control Number
- Medical Record Number
- MIChild ID
- Modifier
- Original TCN

To Date	Submitted Charges	Claim Status	Approved Amount	Paid Date
---------	-------------------	--------------	-----------------	-----------

No Records Found !



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with Dr John Rambo GROUP 1023196458 domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Inquire Claims

Menu

Close

Inquire Claim:

Filter By : From/To Dates 01/01/2007 07/07/2009 And Beneficiary ID % And
With Status Go

<input type="checkbox"/>	TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Paid Date	Beneficiary ID
<input type="checkbox"/>	210906800000002000	03/02/2008	03/02/2008	\$50.00	Paid	\$0.00		0009558676
<input type="checkbox"/>	210906800000003000	03/02/2008	03/02/2008	\$50.00	Denied	\$0.00		0031892768
<input type="checkbox"/>	210906800000004000	03/02/2008	03/02/2008	\$50.00	In Process	\$0.00		0009558676
<input type="checkbox"/>	210906800000008000	03/02/2008	03/02/2008	\$50.00	Denied	\$0.00		0009558676
<input type="checkbox"/>	210906800000011000	03/02/2008	03/02/2008	\$50.00	In Process	\$0.00		0009558676
<input type="checkbox"/>	210906800000012000	03/02/2008	03/02/2008	\$50.00	Denied	\$0.00		0009558676
<input type="checkbox"/>	210907000000003000	03/02/2008	03/02/2008	\$50.00	In Process	\$0.00		0009558676
<input type="checkbox"/>	210907000000006000	05/01/2008	05/01/2008	\$50.00	Denied	\$0.00		0031892768
<input type="checkbox"/>	210907000000009000	05/15/2008	05/15/2008	\$100.00	Denied	\$0.00		0031892768
<input type="checkbox"/>	210907000000011000	05/01/2008	05/01/2008	\$50.00	Denied	\$0.00		0031892768

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS



Header TCN: 21090680000002000
Beneficiary ID: 0009558676

Name: Ygrzlx, Bjwmaj

Show: ---SELECT---

Header Details:



TCN: 21090680000002000
Original TCN:
No Of Lines: 1
Related Cause: NO

Claim Type: J - Professional
Adjustment Source:
Medicare: N

Source: DDE
Claim Status: Paid
Commercial: N

Beneficiary ID: 0009558676 *
Gender: F-Female *
Patient Account Number: *

Last Name: Ygrzlx
DOB: 06/28/1948 *

First Name: Bjwmaj
Age: 59

Billing Provider ID: 1023196458 Type: NPI Pay To Provider ID: 1023196458 Type: NPI
Rendering Provider ID: 1831197979 * Type: NPI * Referring Provider ID: Type:
Auth #: Auth #: CLIA Number:
Diagnosis Codes: 1: 78079 * 2: 3: 4: 5: 6: 7: 8:

Submitted Charges: \$50.00 Billed Amount: \$0.00 Approved Amount: \$0.00
Warrant/EFT Number: RA Number: Paid Date:

Cancel

Claim Inquiry: Helpful Hints

- Only the Header TCN can be inquired (this number ends in zero)
- Wild card is the % sign
 - This cannot be used in the first “filter by” drop down
 - The more wildcards used in a search, the slower the results
- From/To Dates (Service Dates) and all date range inquiries are only available in the first “filter by”
- Use the “Save to XLS” button to export results to an Excel spreadsheet
 - Pop up Blocker and Firewalls must be off or removed prior to use (see CHAMPS Website > Resources Table for more information about System Settings)
- Claim Inquiry is for “statusing” only, data cannot be altered

Questions?

Top Denials

HIPAA Reason and
Remark Codes



CARC 22

- **Definition:** This care may be covered by another payer per coordination of benefits
- **Description:** The beneficiary may not be eligible for Michigan Medicaid on date of service, or the beneficiary has other insurance - If other insurance was reported on the claim then this reason code is informational only
- **Resolution:** Verify Eligibility
 - Spend down:
 - If the Benefit Plan reports “Spend down” a beneficiary does NOT have Medicaid coverage
 - Until the Spend down has been met, providers may bill the patient

CARC 22 (continued)

- **Resolution: Verify Eligibility**
 - Other Insurance:
 - Currently all “Other Insurance” for the Date of Service MUST be reported on the claim
 - Secondary/Tertiary Claims **CAN** be sent electronically without EOB attachments
 - If using the online Direct Data Entry (DDE) tool, you must use the Payer/Carrier IDs reported within the “Commercial/Other” hyperlink within the CHAMPS “Member” subsystem
 - Report appropriate CAS codes
- **Associated RARC: N36, N196, N4, MA04, N48**

CARC B7

- **Definition:** This provider was not certified/eligible to be paid for this procedure/service on this date of service
- **Description:** Rendering/Servicing Provider NPI not associated to Billing NPI within Provider Enrollment, or not authorized for services
- **Resolution:** Associate Provider to appropriate Billing NPI within the Provider Enrollment application in CHAMPS; ensure provider is authorized to provide services; Review Provider Enrollment credentials and specialties
- **Associated RARC:** N130, N351, N198, N54, N185, N95, N65, MA26

CARC 18

- **Definition:** Duplicate claim/service
- **Description:** Suspected or exact duplicate of a paid claim in the system history
- **Resolution:** If determined to be a valid claim, verify the dates of service and re-bill or void previously paid claim
- **Associated RARC:** N30, M86, N10

CARC 18 (cont.)

- Filter Inquire Claim screen by date of service and beneficiary ID
- Filter Inquire Claim for denied TCN and navigate to the line level detail of a line that denied as duplicate on RA, then use show menu to access Claim Limit List

Header TCN: [REDACTED]
 Line TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]

- Show: ---SELECT---
- SELECT---
 - Claim Cutbacks
 - Claim Enhancement Amounts
 - Claim Header Detail
 - Claim Limit List**
 - Claim Notes
 - Drug Information
 - Indicators
 - Other Payers Information
 - Service Line List
 - Situational Information

TCN	Error Description	Erroneous Data
No Records Found !		

Service Line Detail:

TCN: [REDACTED] Claim Type: [REDACTED] Source: Web
 Adjustment Source: [REDACTED] Claim Status: In Process Pricing Rule: [REDACTED]
 EPSDT Indicator: No Emergency indicator: [REDACTED]

Beneficiary ID: [REDACTED] Last Name: [REDACTED] First Name: [REDACTED]
 Gender: Male DOB: [REDACTED] Age: [REDACTED]
 Benefit Plan: [REDACTED]

Rendering Provider ID: 1508876236 * Type: NPI * Taxonomy: 207Q00000X Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED]
 From Date: 01/14/2009 To Date: 01/14/2009 Place of Service: 11-Office

Procedure Code: 38416 Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Submitted Procedure Code: 38416 * Submitted Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Diagnosis Pointers: 1: 1 * 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Manual Units: [REDACTED] Billed Units: 1 Paid Units: [REDACTED]
 Manual Price: [REDACTED]

Submitted Charges: \$14.00 * Billed Amount: [REDACTED] Approved Amount: \$0.00
 Medicare Paid: [REDACTED] Medicare Co-insurance: [REDACTED] Medicare Deductible: [REDACTED]
 Other Insurance: [REDACTED] Other Insurance Co-Pay: [REDACTED] Other Insurance Deductible: [REDACTED]

Previous Next Save Cancel

Header TCN: [REDACTED]
Line TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: ---SELECT---

Current Claim:

TCN	From Date	To Date	Facility Type	Billing Provider NPI	Servicing Provider NPI	Procedure Code	Revenue Code	Modifiers	Billed Amount	Paid Amount
-----	-----------	---------	---------------	----------------------	------------------------	----------------	--------------	-----------	---------------	-------------

No Records Found !

- SELECT---
- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail
- Claim Notes
- Drug Information
- Indicators
- Other Payers Information
- Service Line Detail
- Service Line List
- Situational Information

History Claims:

TCN	From Date	To Date	Facility Type	Billing Provider NPI	Servicing Provider NPI	Procedure Code	Revenue Code	Modifiers	Billed Amount	Paid Amount	Paid Date	Units
-----	-----------	---------	---------------	----------------------	------------------------	----------------	--------------	-----------	---------------	-------------	-----------	-------

No Records Found !

Cancel

CARC 58

- **Definition:** Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service
- **Description:** Invalid or missing Place of Service (POS) reported
- **Resolution:** Verify that the POS is appropriate for services billed. In addition, verify that POS is not limited by beneficiary eligibility (ESO, ABW, etc.)
- **Possible RARC:** M77

CARC 23

- **Definition:** The impact of prior payer(s) adjudication including payments and/or adjustments
- **Description:** Billed amount exceeds Medicaid Fee Screens
- **Resolution:** See Fee Screens for Medicaid allowable amounts
- **Possible RARC:** MA04, N48, N131

CARC 181

- **Definition:** Procedure code was invalid on the date of service
- **Description:** The HCPCS is a valid code, however, it is not covered by Medicaid on DOS
- **Resolution:** Verify the procedure code, type of service code, and date of service. Provider should also verify the billing procedure with current manual material for possible changes. The claim should be corrected and re-billed
- **Possible RARC:** M51, M119, M66

CARC 24

- **Definition:** Charges are covered under a capitation agreement/managed care plan
- **Description:** The beneficiary is enrolled in a Medicaid Health Plan. The provider should contact the Medicaid Health Plan for reimbursement
- **Resolution:** Check Eligibility for DOS, and submit claim to Medicaid Health Plan
- **Possible RARC:** N185, N130

Questions?

Managing Claims

Adjustments and Voids

When Can a Claim Be Managed?

- Only approved Header claims (ending with zero) can be managed
 - A claim is considered approved if at least ONE line paid, and paying \$0.00 is considered a paid claim
- Do not submit adjustment or void claims when the entire claim denies. If the claim denies, re-submit the entire claim
- Only the last paid Transaction Control Number (TCN) can be managed
 - Original CHAMPS adjudicated claim is 18 digits
 - If you are managing a claim that was adjudicated prior to CHAMPS, you will need to convert the 10 digit CRN into a 15 digit CHAMPS recognized TCN number by adding 200 to the front and 00 to the back
 - Example:
 - Original 10 digit CRN: 9123456789
 - CHAMPS Recognized 15 digit TCN: 200912345678900

Adjustment vs. Void

- Adjust a claim when:
 - All or part of a claim was paid incorrectly
 - All or part of a claim was billed incorrectly
 - Incorrect Units
 - Charges
 - Procedure Code
 - Date of Service
- Void a claim when:
 - A claim is paid under the wrong provider NPI or beneficiary ID
 - The claim was never meant to be submitted
 - Duplicate claim



Path:



Select a Domain:

Dr John Rambo GROUP 1023196458 *

Select a Profile:

- Dr John Rambo GROUP 1023196458
- Dr John Toothpuller IND SP DDS 1295897387
- FAO DME 1275737447
- FAO DME PHARMACY 1225021066
- FAO HOSPITAL 1285605444
- Hospital 1 1003878539
- HOSPITAL 2 1689653305 FAO
- HOSPITAL 3 1306825997 FAO
- Inpatient and Outpatient 1992812580
- Medical Group PC 1396725735
- PDN Agency 1437267754



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Outreach, Training.

Links: -Select-



Path: [Provider Portal](#)



Select a Domain: *

Select a Profile: *

- CHAMPS Full Access
- CHAMPS Limited Access
- Claims Access
- Domain Administrator
- Eligibility Inquiry
- Prior Authorization Access
- Provider Enrollment Access
- View Provider Enrollment

Manage Claims

Adjust Claims





My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

NPI: [redacted]

Name: [redacted]

Menu

Provider Portal:

Online Services:

Provider [Hide/Max](#)

- [Initiate New Enrollment](#)
- [Manage Provider Information](#)
- [Track Application](#)

Admin [Hide/Max](#)

- [Archived Documents](#)

Claims [Hide/Max](#)

- [Submit Institutional Claim Inquiry](#)
- [Submit Dental](#)
- [Submit Professional](#)

Member [Hide/Max](#)

- [Eligibility Inquiry](#)

Prior Authorization [Hide/Max](#)

- [PA Inquire](#)
- [PA Request List](#)

Welcome!

[Hide/Max](#)



My Reminders:

Filter By: [dropdown] [input] [input]

<input type="checkbox"/>	Alert Type ▲▼	Alert Message ▲▼	Alert Date ▲▼	Due Date ▲▼	Read ▲▼
--------------------------	------------------	---------------------	------------------	----------------	------------

No Records Found !



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Choose an Option:

[Claim Submission](#)

Claim Submission

[Manage Claims](#)

Manage Claims

[Inquire Claims](#)

Inquire Claims

[RA List](#)

RA List



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Choose an Option:

[Adjust/Void Claim Provider](#)

Adjust/Void Claim Provider





My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Adjust Claims:

TCN:



Header TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]

- Show: --SELECT--
- SELECT--
 - Claim Cutbacks
 - Claim Enhancement Amounts
 - Claim Notes
 - Indicators
 - Other Payers Information
 - Related Causes
 - Service Line List
 - Situational Information

TCN	Error Description	Erroneous Data
No Records Found!		

Header Details:

TCN: [REDACTED] Claim Type: J - Professional
 Original TCN: [REDACTED] Adjustment Source:
 No Of Lines: 3 Medicare: Y
 Related Cause: NO Source: Legacy
 Claim Status: Paid
 Commercial: N

Beneficiary ID: [REDACTED] * Last Name: [REDACTED] First Name: [REDACTED]
 Gender: M-Male * DOB: [REDACTED] * Age: 61
 Patient Account Number: 1981780

Billing Provider ID: 1629066238 Type: NPI Pay To Provider ID: 1876430 Type: Provider ID
 Rendering Provider ID: 1508876236 * Type: NPI * Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED] CLIA Number: 23D0872378
 Diagnosis Codes: 1: 2859 * 2: 25000 3: [REDACTED] 4: [REDACTED] 5: [REDACTED] 6: [REDACTED] 7: [REDACTED] 8: [REDACTED]

Submitted Charges: \$53.00 Billed Amount: \$0.00 Approved Amount: \$0.00
 Warrant/EFT Number: [REDACTED] RA Number: [REDACTED] Paid Date: [REDACTED]

Adjust Void Save Cancel

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: --SELECT--

Service Lines:

Filter By : [] And [] Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input checked="" type="checkbox"/>	320929910011111001		83036	01/14/2009	01/14/2009	1	\$25.00	\$0.00	Paid
<input type="checkbox"/>	320929910011111002		36416	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Denied
<input type="checkbox"/>	320929910011111003		36415	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Paid

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Add Delete Cancel

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: --SELECT--

Service Lines:

Filter By : [] And [] Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input checked="" type="checkbox"/>	320929910011111001		83036	01/14/2009	01/14/2009	1	\$25.00	\$0.00	Paid
<input type="checkbox"/>	320929910011111002		36416	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Denied
<input type="checkbox"/>	320929910011111003		36415	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Paid

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Microsoft Internet Explorer

Are you sure you want to delete service line?

OK Cancel

Add Delete Cancel

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]
Show: --SELECT--

Service Lines:

Filter By : [] And [] Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input type="checkbox"/>	410929910011111002		36416	01/14/2009	01/14/2009	1	\$14.00		In Process
<input type="checkbox"/>	410929910011111003		36415	01/14/2009	01/14/2009	1	\$14.00		In Process

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Add Delete Cancel

Header TCN: [REDACTED]
 Line TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: ---SELECT---

TCN	Error Description	Erroneous Data
-----	-------------------	----------------

No Records Found !

Service Line Detail:



TCN: [REDACTED] Claim Type: [REDACTED] Source: Web
 Adjustment Source: [REDACTED] Claim Status: [REDACTED] Pricing Rule: [REDACTED]
 EPSDT Indicator: No Emergency indicator: [REDACTED]

Beneficiary ID: [REDACTED] Last Name: [REDACTED] First Name: [REDACTED]
 Gender: Male DOB: [REDACTED] Age: [REDACTED]
 Benefit Plan: [REDACTED]

Rendering Provider ID: [REDACTED] * Type: [REDACTED] * Taxonomy: [REDACTED] Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED]
 From Date: [REDACTED] To Date: [REDACTED] Place of Service: [REDACTED]

Procedure Code: [REDACTED] Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Submitted Procedure Code: [REDACTED] * Submitted Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]

Diagnosis Pointers: 1: [REDACTED] * 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Manual Units: [REDACTED] Billed Units: [REDACTED] * Paid Units: [REDACTED]
 Manual Price: [REDACTED]

Submitted Charges: [REDACTED] * Billed Amount: [REDACTED] Approved Amount: \$0.00
 Medicare Paid: [REDACTED] Medicare Co-insurance: [REDACTED] Medicare Deductible: [REDACTED]
 Other Insurance: [REDACTED] Other Insurance Co-Pay: [REDACTED] Other Insurance Deductible: [REDACTED]

Previous Next Save Cancel



Header TCN: [REDACTED]
Beneficiary ID: [REDACTED]
Name: [REDACTED]
Show: --SELECT--

Service Lines:

Filter By : [] And [] Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input type="checkbox"/>	320929910011111001		83036	01/14/2009	01/14/2009	1	\$25.00	\$0.00	Paid
<input type="checkbox"/>	320929910011111002		36416	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Denied
<input type="checkbox"/>	320929910011111003		36415	01/14/2009	01/14/2009	1	\$14.00	\$0.00	Paid

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Add Delete Cancel

Header TCN: [REDACTED]
 Line TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]

- Show: --SELECT--
- SELECT--
 - Claim Cutbacks
 - Claim Enhancement Amounts
 - Claim Header Detail
 - Claim Limit List
 - Claim Notes
 - Drug Information
 - Indicators
 - Other Payers Information
 - Service Line List
 - Situational Information

TCN	Error Description	Erroneous Data
No Records Found !		

Service Line Detail:

TCN: [REDACTED] Claim Type: [REDACTED] Source: Web
 Adjustment Source: [REDACTED] Claim Status: In Process Pricing Rule: [REDACTED]
 EPSDT Indicator: No Emergency indicator: [REDACTED]

Beneficiary ID: [REDACTED] Last Name: [REDACTED] First Name: [REDACTED]
 Gender: Male DOB: [REDACTED] Age: [REDACTED]
 Benefit Plan: [REDACTED]

Rendering Provider ID: 1508876236 * Type: NPI * Taxonomy: 207Q00000X Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED]
 From Date: 01/14/2009 To Date: 01/14/2009 Place of Service: 11-Office

Procedure Code: 36418 Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Submitted Procedure Code: 36418 * Submitted Modifiers: 1: [REDACTED] 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Diagnosis Pointers: 1: 1 * 2: [REDACTED] 3: [REDACTED] 4: [REDACTED]
 Manual Units: [REDACTED] Billed Units: 1 Paid Units: [REDACTED]
 Manual Price: [REDACTED]

Submitted Charges: \$14.00 * Billed Amount: [REDACTED] Approved Amount: \$0.00
 Medicare Paid: [REDACTED] Medicare Co-insurance: [REDACTED] Medicare Deductible: [REDACTED]
 Other Insurance: [REDACTED] Other Insurance Co-Pay: [REDACTED] Other Insurance Deductible: [REDACTED]

Previous Next Save Cancel

Header TCN: [REDACTED] Name: [REDACTED]
 Beneficiary ID: [REDACTED]

Other Payers: Show: --SELECT--

<input type="checkbox"/>	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Quantity	Amount	Adj. Reason Code
Payer1	[REDACTED]	00953	MB-Medicare Part B		[REDACTED]	\$17.17	P-Primary			
								Adj:	\$0.00	96
								Adj:	\$3.00	1
Payer1	[REDACTED]	00953	MB-Medicare Part B		[REDACTED]	\$0.00	P-Primary			
								Adj:	\$14.00	2
Payer1	[REDACTED]	00953	MB-Medicare Part B		[REDACTED]	\$3.00	P-Primary			
								Adj:	\$11.00	45

Save Delete

Add Payer and Adjustment Details:

Payer	TCN	Payer ID	Claim Filing Indicator	Group	Policy Number	Amount Paid	Responsibility	Quantity	Amount	Adj. Reason Code
NewPayer								Adj:		
ExistPayer										
NewPayer										

Add Cancel

Header TCN: [REDACTED]
 Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: --SELECT--

TCN ▲▼	Error Description ▲▼	Erroneous Data ▲▼
-----------	-------------------------	----------------------

No Records Found !

Header Details:



TCN: [REDACTED] Claim Type: [REDACTED] Source: Web
 Original TCN: [REDACTED] Adjustment Source: [REDACTED] Claim Status: In Process
 No Of Lines: 2 Medicare: N Commercial: N
 Related Cause: NO

Beneficiary ID: [REDACTED] * Last Name: [REDACTED] First Name: [REDACTED]
 Gender: M-Male * DOB: [REDACTED] * Age: [REDACTED]
 Patient Account Number: [REDACTED]

Billing Provider ID: 1629066238 Type: NPI Pay To Provider ID: 1876430 Type: Provider ID
 Rendering Provider ID: 1508876238 * Type: NPI * Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED] CLIA Number: 23D0872378
 Diagnosis Codes: 1: 2859 * 2: 25000 3: [REDACTED] 4: [REDACTED] 5: [REDACTED] 6: [REDACTED] 7: [REDACTED] 8: [REDACTED]

Submitted Charges: \$53.00 Billed Amount: [REDACTED] Approved Amount: [REDACTED]
 Warrant/EFT Number: [REDACTED] RA Number: [REDACTED] Paid Date: [REDACTED]

Adjust Void Save Cancel



Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]
Show: --SELECT--

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]

Adjust Claim:

Please enter the following information:

Adjustment Source: PIA-Provider Initiated ADJ *
Comment: Enter brief description of changes made here

OK Cancel

Manage Claims

Void Claims





My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

NPI: [redacted]

Name: [redacted]

Menu

Provider Portal:

Online Services:

Provider [Hide/Max](#)

- [Initiate New Enrollment](#)
- [Manage Provider Information](#)
- [Track Application](#)

Admin [Hide/Max](#)

- [Archived Documents](#)

Claims [Hide/Max](#)

- [Submit Institutional Claim Inquiry](#)
- [Submit Dental](#)
- [Submit Professional](#)

Member [Hide/Max](#)

- [Eligibility Inquiry](#)

Prior Authorization [Hide/Max](#)

- [PA Inquire](#)
- [PA Request List](#)

Welcome!

[Hide/Max](#)



My Reminders:

Filter By: [dropdown] [input] [input]

<input type="checkbox"/>	Alert Type ▲▼	Alert Message ▲▼	Alert Date ▲▼	Due Date ▲▼	Read ▲▼
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No Records Found !



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Choose an Option:

[Claim Submission](#)

Claim Submission

[Manage Claims](#)

Manage Claims

[Inquire Claims](#)

Inquire Claims

[RA List](#)

RA List



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Choose an Option:

[Adjust/Void Claim Provider](#)

Adjust/Void Claim Provider





My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Provider, K. You have logged-in with [redacted] domain and CHAMPS Full Access profile.

Links: --Select--



Path: Provider Portal/ Provider Portal

Menu

Close

Adjust Claims:

TCN:



Header TCN: [REDACTED] Name: [REDACTED]
 Beneficiary ID: [REDACTED]
 Show: --SELECT--

TCN	Error Description	Erroneous Data
-----	-------------------	----------------

No Records Found !

Header Details:

TCN: [REDACTED] Claim Type: J - Professional Source: Legacy
 Original TCN: [REDACTED] Adjustment Source: Claim Status: Paid
 No Of Lines: 3 Medicare: Y Commercial: N
 Related Cause: NO

Beneficiary ID: [REDACTED] * Last Name: [REDACTED] First Name: [REDACTED]
 Gender: M-Male * DOB: [REDACTED] * Age: 81
 Patient Account Number: [REDACTED]

Billing Provider ID: 1629066238 Type: NPI Pay To Provider ID: [REDACTED] Type: [REDACTED]
 Rendering Provider ID: 1508876236 * Type: NPI * Referring Provider ID: [REDACTED] Type: [REDACTED]
 Auth #: [REDACTED] Auth #: [REDACTED] CLIA Number: [REDACTED]
 Diagnosis Codes: 1: 2859 * 2: 25000 3: [REDACTED] 4: [REDACTED] 5: [REDACTED] 6: [REDACTED] 7: [REDACTED] 8: [REDACTED]

Submitted Charges: \$53.00 Billed Amount: \$0.00 Approved Amount: \$0.00
 Warrant/EFT Number: [REDACTED] RA Number: [REDACTED] Paid Date: [REDACTED]

Adjust Void Save Cancel

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]

Show:

--SELECT--

Header TCN: [REDACTED]
Beneficiary ID: [REDACTED] Name: [REDACTED]

Void Claim:

Please enter the following information:

Void Source: PIV-Provider Initiated VOID *
Comment: Briefly describe why you are voiding this claim.

OK Cancel

Managing Claims through Billing Agent or 837 File

- Resubmit claim in its entirety in the same manner it should have been submitted originally
- Enter a Resubmission or Claim Frequency Type Code of 7 if adjusting or an 8 if voiding a claim
 - Loop 2300 CLM05-3
- Enter last paid TCN or 15 digit converted CRN in Loop 2300 REF with Qualifier F8
- A new 18 digit TCN will be generated, once adjustment has been processed

Questions?

CHAMPS Updates and Review

CARC 110

CARC 110 - Billing date predates service date

- **Description:** MDCH has identified an issue where inaccurate HIPAA Claim Adjustment Reason Codes (CARC) were being reported on providers' remittance advices
- **MDCH Action:** MDCH reviewed all affected CARC and RARC codes and the issue has been resolved as of 12/14/2009
- **Provider Expectation:** If you received this CARC there was an issue with the beneficiary's eligibility. Ensure that the beneficiary is eligible for the dates of service billed. Claims processed prior to 12/14/2009 will not be recycled, correct your claim and re-bill as needed

CARC 8, RARC N65

CARC 8 - The procedure code is inconsistent with the provider type/specialty (taxonomy). RARC N65 - Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider

Description: MDCH has identified certain codes in which a rate segment was missing

MDCH Action: Resolved on an on-going basis when identified

Provider Expectation: Providers may re-bill or replace any affected claims once the rate has been restored. If you are experiencing this denial, please verify your provider specialty is accurate and that the license within your provider enrollment is active. Continue to monitor the CHAMPS Provider Update table located on the CHAMPS website

CARC 133

CARC 133- The disposition of this claim/service is pending further review

Description: Claim may have pended for further review per policy or denied per policy

MDCH Action: MDCH will report the corresponding remark code in the future

Provider Expectation: Please continue to refer to the RARC and Claim Status for further clarification

CARC 16

CARC 16- Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

Description: Documentation, and/or other important claim details were omitted

MDCH Action: MDCH will report the corresponding remark code in the future

Provider Expectation: Please continue to refer to the RARC and Claim Status for further clarification

Adjusting Claims with an Inconsistent Number of Service Lines

Description: Claims were denying in error when an adjustment claim was submitted with different number of lines than the original.

MDCH Action: Fixed January 22, 2010

Provider Expectation: Resubmit the claim(s) affected by this issue

Secondary Claims Paying \$0.00 in Error

Description: MDCH has identified an issue with secondary claims paying \$0 in error. Claims with non-covered services identified with a Claim Adjustment Segment (CAS) code of 96 were affected. Many other claims originally paid zero in error when they should have been denied.

MDCH Action: Fixed November 6, 2009 and January 22, 2010

Provider Expectation: MDCH will be reprocessing the affected claims (continue to check the website for a specific timeframe). Claims that should have originally denied must be voided or adjusted/replaced by providers.

Billing Void Claims with Rendering/Servicing NPI Incorrectly

Description: MDCH has identified a number of void and replacement claims that were incorrectly denied by CHAMPS for one of two reasons:

- The original claim was billed with a Rendering/Servicing-Only Individual NPI
- The billing NPI on the adjustment/void claim did not match the original claim because the adjustment or void claim now has a proper billing NPI though the original claim only had a Rendering/Servicing-Only Individual NPI

MDCH Action: Automating process

Provider Expectation: MDCH has begun reprocessing these claims. Providers have the choice of waiting for MDCH or submitting them now so that they will suspend until the process has been automated

- Void attempts that denied in first two weeks of CHAMPS must be resubmitted by providers. All others since have been In Process and will be adjudicated when fixed

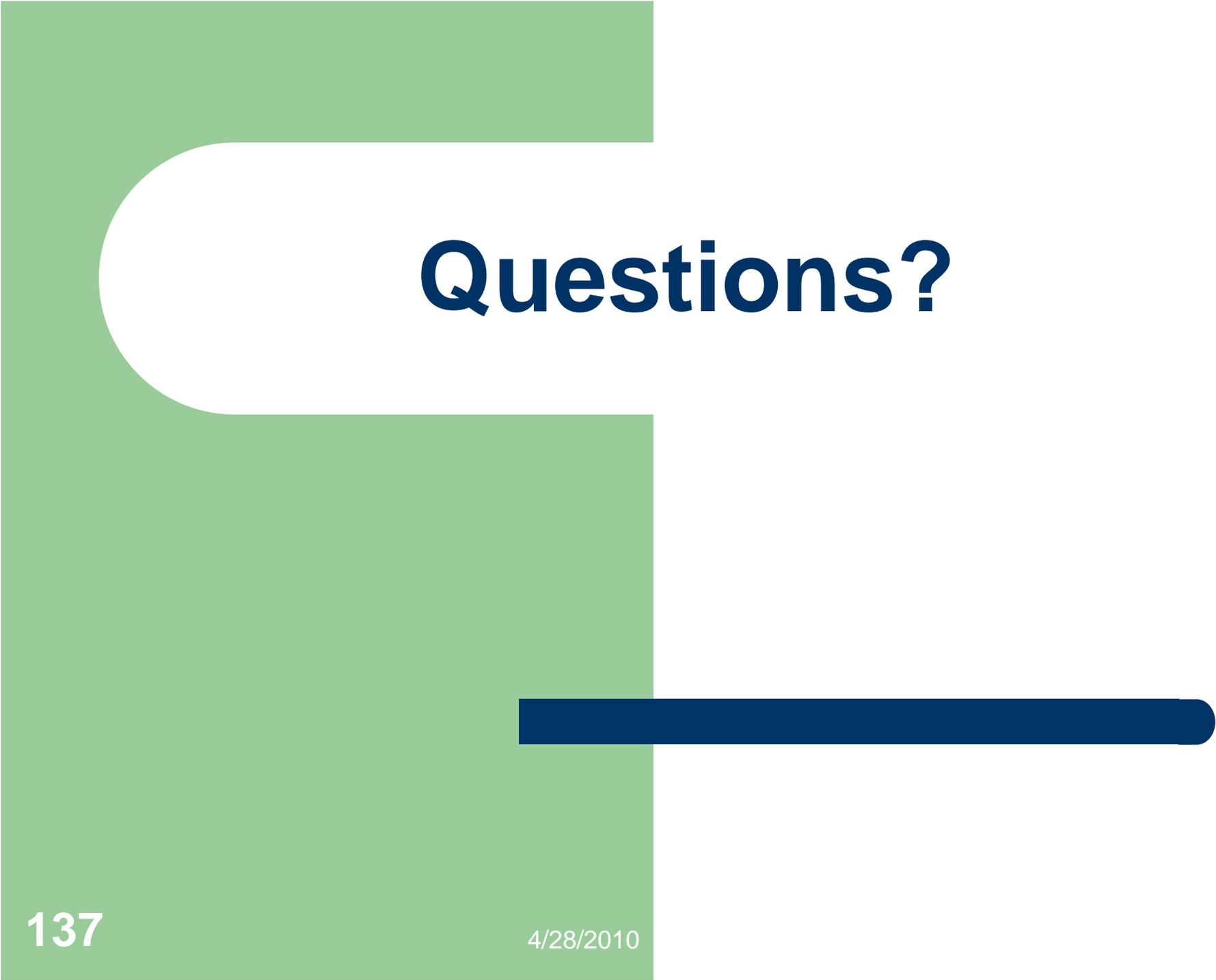
743R Resurrection in CHAMPS

Description: Migration of Legacy Suspended Claims into CHAMPS

MDCH Action: MDCH completed the process of resurrecting all professional claims that rejected with proprietary edit 743 for adjudication in CHAMPS. Claims were not recreated in CHAMPS if any of the following occurred:

- The claim was submitted without a reported billing NPI
- The Rendering/Servicing only NPI was incorrectly reported in the billing NPI loop/field
- The provider has not revalidated in the CHAMPS Provider Enrollment subsystem

Provider Expectation: Verify that the professional claim(s) previously denied with 743R have now been adjudicated in CHAMPS and re-submit those that could not be resurrected. If the filing limitation has been reached add in the Comment/Notes section: 743R, Original CRN, and rejection paid date



Questions?

MDCH Contact Information and Provider Resources

Medicaid Resources

Medicaid Billing Information:

www.michigan.gov/medicaidproviders

- Provider Specific Info (Rates)
- Provider Manual
- Provider Tips
- Biller B Ware
- CHAMPS

Medicaid Resources

CHAMPS:

www.michigan.gov/mdch >>CHAMPS

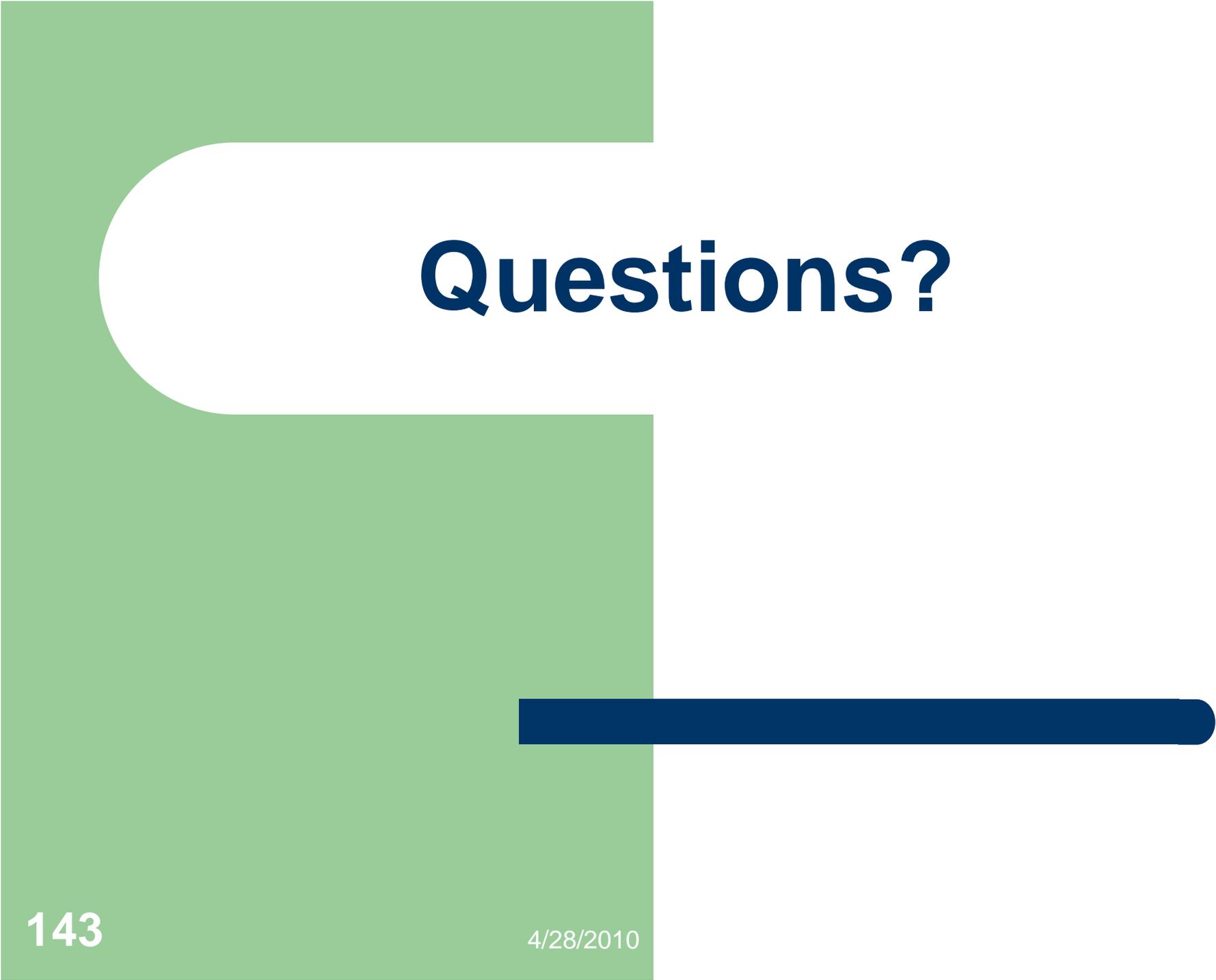
- CHAMPS Provider Update Table
- Provider Inquiry
 - (800) 292-2550
 - If leaving a voicemail or sending an email (preferred) please provide TCN, NPI, and short description of issue
- CHAMPS Help Line
 - 1-888-643-2408
 - CHAMPS@michigan.gov
 - Enter subsystem in subject of email (e.g., Claims, PA, PE, etc...)CHAMPS

Payment Error Rate Measurement PERM

- PERM is a regulation issued by CMS as a result of the 2002 Improper Payments and Information Act (IPIA)
- PERM measures improper payments for State Medicaid programs and State Children's Health Insurance Programs (SCHIP)
- A random sample of paid claims are selected for review
- MDCH will publish a bulletin soon regarding PERM

How Does PERM Work?

- **Livanta LLC** has been selected as the National contractor that will contact providers to collect medical record documentation pertinent to the selected paid claims
- Providers **must** submit the requested medical record documentation with 60 days
- Failure to comply with the request(s) is considered payment error. Michigan Medicaid will incur a penalty and may recoup the payments that were made on the selected claims from the providers



Questions?